

## CURRENT RECOMMENDATIONS FOR EPT FOCUS ON THE TREATMENT OF CHLAMYDIA AND GONORRHEA

- Partners of persons with chlamydia should receive or be prescribed 1 gm azithromycin (four 250 mg tabs) to be taken as one dose.
- Partners of persons with gonorrhea should receive or be prescribed 400 mg cefixime to be taken as one dose.
- Patient information sheets should accompany all directly dispensed antibiotics and/or prescriptions for antibiotics. These information sheets are available at: <http://www.azdhs.gov/phs/oids/std/index.htm>
- Costs of medications used for partner treatment cannot be charged to your patient's insurance.

## POINTS TO DISCUSS WITH PATIENTS:

- Patients and partners should not engage in sexual activity for 7 days after taking the medication.
- Patients and partners should be referred for STD retesting in 3 months.
- Discuss possible allergic reactions to antibiotics
- Encourage patients to have partners seen by medical provider for STD testing and treatment.
- Encourage patients to visit the CDC website for more information on STDs ([www.cdc.gov/std](http://www.cdc.gov/std))

For more information and frequently asked questions related to EPT as well as partner information sheets in English and Spanish please access the Arizona Department of Health Services STD website:

<http://www.azdhs.gov/phs/oids/std/index.htm>

### Or contact your local health agency or:

Melanie Taylor, M.D., M.P.H.,  
Medical Director, Office of HIV, STD, and  
Hepatitis C Services,  
Arizona Department of Health Services  
150 N. 18<sup>th</sup> Avenue, Suite 140, Phoenix,  
AZ 85007-3237  
(602) 364-4666 or Fax: (602) 364-2119,  
[taylorm@azdhs.gov](mailto:taylorm@azdhs.gov)

Additional guidance is available on the CDC STD website: <http://www.cdc.gov/std/ept/>

## EXPEDITED PARTNER THERAPY FOR CHLAMYDIA AND GONORRHEA IN ARIZONA- A CLINICAL TOOL TO INCREASE PARTNER TREATMENT AND DECREASE RE-INFECTION

Melanie Taylor, MD, MPH and Brandy Peterson, MPH

In Arizona, the rates of sexually transmitted diseases (STD) are steadily increasing. Treatment is critically important to controlling these diseases, especially among adolescents, young adults, and certain racial groups where rates remain high.

In April of 2008, Senate Bill 1078 was passed which amends ARS 32-1401.27 and 32-1854 to allow allopathic, naturopathic, and osteopathic physicians, or physician assistants to dispense or prescribe antimicrobial medications to contacts of patients with communicable diseases without an intervening health assessment of the partner. The application of this statute, for STDs such as gonorrhea and chlamydia, is referred to as expedited partner therapy (EPT). The law became effective September 26, 2008. EPT is now being utilized in all but 11 states.

Registered nurse practitioners in Arizona are also allowed to provide EPT as determined by the Arizona Board of Nursing.

Data has been collected from studies comparing the efficacy of EPT to standard partner therapy. Some of these findings are summarized below:

- EPT is a useful option to facilitate partner referral among heterosexual men and women with chlamydia or gonorrhea, and to prevent re-infection of patients with chlamydia or gonorrhea.
- EPT may be considered for pregnant partners. However, current studies did not include analyses for this group. (Most pregnant women already have access to healthcare and are motivated to protect the health of the fetus, factors that are likely to reduce the role of EPT.) All pregnant women should be referred for comprehensive prenatal care that includes syphilis and HIV testing in addition to chlamydia and gonorrhea. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT is at least equivalent in efficacy to standard partner management for gonorrhea and chlamydia.
- EPT is a cost-saving and cost-effective partner management strategy.

The standard mechanism used to assure treatment of the partners of persons with chlamydia or gonorrhea infection is patient referral, but this method has had only modest success. EPT should be considered when standard patient referral is unlikely to result in proper treatment. The common way EPT is implemented is patient-delivered partner therapy (PDPT).

### Additional References:

1. Golden MR, Whittington WLH, Handsfield HH, Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *New England Journal of Medicine*. 2005;352 (7):676-85
2. Patient-delivered partner treatment with azithromycin to prevent repeated chlamydia trachomatis infection among women: a randomized, controlled trial. *Sexually Transmitted Disease*. 2003; 30(1):49-56
3. Patient-delivered partner treatment for male urethritis: a randomized, controlled trial. *Clinical Infectious Diseases*. 2005;41:623-9.
4. Weblink to ARS 32-1401.27: <http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/32/01401.htm&Title=32&DocType=ARS>
5. Centers for Disease Control and Prevention. Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, AG: US Department of Health and Human Services. 2006. <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf> Accessed November, 10, 2008.